



# ગુજરાતી સમાજ

**GUJARATI  
SAMAJ  
ATLANTA**

Gujarati Samaj, Inc. Non Profit Organization, 5331 Royal Woods Parkway, Tucker, GA 30084  
website: [www.gsatlanta.org](http://www.gsatlanta.org) • email: [president@gsatlanta.org](mailto:president@gsatlanta.org)

## YOUTH CAMP 2017 REGISTRATION FORM

Camp Dates: July 5th - July 16th, 2017

Drop Off Time: 8:30AM-9:00AM Pickup Time: 3:30PM- 4:00PM

Free: Snacks, Lunch, Art and Craft, T Shirt will be provide to all

Application Form to be completed by Parents/Guardian and Mail with Check to Gujarati Samaj Address above

This Application is For  CAMPER  COUNSELOR

T-SHIRT SIZE	FULL NAME	M/F	BIRTH DATE MM/DD/YY	MY CHILD IS ALLERGIC TO Please provide details on additional page if needed

Parent/Guardian  Relationship To Camper

Parent/Guardian  Relationship To Camper

Address  City  State  Zip

Home Phone  Cell Phone  Work Phone

email  Emergency Contact Name  Phone

Yes I would Like To Volunteer During Youth Camp Comments

Type	Age	<input type="checkbox"/> Gujarati Samaj Member	<input type="checkbox"/> Non Member	Deadline
Camper	6yrs-14yrs	\$200.00	\$250.00	JUNE 25, 2017
Counselor	15yrs and up	\$200.00	\$250.00	APRIL 25, 2017

REGISTRATION FEES INCLUDES THREE PASSES FOR GRAND FINALE ON FRIDAY, JULY 22, 2017. ADDITIONAL PASSES WILL COST \$15/PERSON

**ALL FEES ARE NON REFUNDABLE & NON TRANSFERABLE**

Yes I would Like To Sponsor One Day Lunch \$500.00  Yes I would Like To Donate \$251.00 I Would Like To Donate

**For More information Please Contact**  
**HETAL RAVAL: 770-882-6709**  
**PALAK JANI: 770-875-4023**  
**GOPAL PATEL: 404-966-8806**  
**VASU PATAL: 404-401-4404**

Please Visit [www.gsatlanta.org](http://www.gsatlanta.org) for dally updates and Schedule

PAID ONLINE VIA WeBsITe CONFIRMATION #

**PLEASE DO NOT SEND CASH IN MAIL**  CHECK #  TOTAL

### Internal Use Only

Amount Paid:	
Date:	

Signed By  Date

# Gujarati Samaj Youth Camp 2017 – Festival

Form GSY0102-Medical History Form – One form per child or Counselor  
Medical History Form – One medical history form per child or Counselor

Check One:  Camper  Counselor

First Name  Middle  Last Name

Parent Name:

First Name  Middle  Last Name

Personal health Insurance carrier

Contract #

Group #

ID #

Insurance Phone #

Circle appropriate answer and explain "Yes" answers on back:

1. Have you ever been hospitalized?  YES  NO
2. Are you presently taking any medications?  YES  NO
3. Are you required to take any medication while attending Youth Camp?  YES  NO
4. (If yes please provide a list of medicines, ample supplies and direction for use.)
5. Have you ever passed out during or after exercise?  YES  NO
6. Do you have high blood pressure?  YES  NO
7. Do you have heart disease?  YES  NO
8. Do you have any allergies or skin problems?  YES  NO
9. Do you have or had any form of cancer?  YES  NO
10. Do you have diabetes?  YES  NO
11. Have you ever had a head injury?  YES  NO
12. Have you ever been unconscious?  YES  NO
13. Have you ever had or have seizures?  YES  NO
14. Do you have trouble breathing during or after activity?  YES  NO
15. Do you wear glasses?  YES  NO
16. Have you ever sprained, dislocated, fractured, or broken any bones or joints?  YES  NO
17. Do you use any special equipment (pads, braces, eye guards etc)?  YES  NO
18. Any reason to restrict full activity from swimming, long hikes, backpacking, or Strenuous physical games?  YES  NO
19. Are your immunizations up-to-date (as required by the American Pediatrics Association)?  YES  NO

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Camper/Counselor Date

Signature of Parent/Guardian Date

# Gujarati Samaj Youth Camp 2017 – Festivals

Form – GSYO103 – Waiver/Release Form – To be completed by Parent/Guardian per child  
Waiver/Release Form – to be completed by Parent/Guardian  
(Please Print) One form per Child or Counselor

Check One:  Camper  Counselor

First Name  Last Name  Middle Name

Above listed child or children has my permission and consent to activities including Participation in strenuous physical requirements to such activity, and I understand and Agree that this activity is elective, and therefore, because my child has chosen to participate in these activity/activities, I further agree as follows:

1. I authorize the Gujarati Samaj to obtain a physician of its choice; any emergency medical care that may become reasonably necessary for my child in the course of the activity/activities during the camp.
2. I accept the responsibility for payment of all medical bills, including, but not limited to: Charges for doctors, ambulance, hospitals and drugs which my child may incur by reason of participation in Gujarati Samaj summer camp.
3. I authorize Gujarati Samaj to transport my child to and from activities schedule away from designated training center.
4. I waive any and all claims or cause of action against the Gujarati Samaj Inc. and its volunteers, counselors, executives, boards and sponsors which may arise by reason of injuries to my child because of participation in summer camp and agree that all above are released and forever acquitted from all and any claims of liability to me, my child, or heirs, for illness or injury sustained by my child because of such participation. I further state that my child is in proper physical condition to participate in such activity/activities.  
I also give permission for the use of my child name and/or picture in any broadcast, telecast, or any other public account of this event.

Print Name of Parent/Guardian

Full Name

Signature of Parent/Guardian with Date

Current Date